

**NEVADA COMBINED DRINKING WATER & CLEAN WATER STATE
REVOLVING FUND LOAN
PRIORITY LIST PRE-APPLICATION**

For DWSRF Regulations See (NAC 445A.6751 through 445.67644, inclusive) for further information.
For CWSRF Regulations See (NAC 445A.67644 through 445A.805) for further information.
Note: Use this form for Drinking water OR Clean Water projects. USE A SEPERATE FORM FOR EACH PROJECT you want to have placed on the Project Priority List. Check the appropriate box to indicate the type of project you are submitting for consideration. Except where indicated ALL questions apply to both Clean Water and Drinking Water programs.

1. Project Name:

2. Project is for ☐ CWSRF ☐ DWSRF

3. County in Which Project is Located:

4. Applicant Organization:

5. Contact Person:

6. Company Name of Contact Person,
if Different than #4 Above:

7. Address:

8. Phone #:

9. Fax #:

10. Project Description *(Provide as much information as necessary to completely describe the project and how it will address specific public health concerns or problems. Supplementary information may be attached on 8½" x 11" paper and labeled "Project description continued".)*

11. For DWSRF Projects ONLY:**a. Facilities** *(Check Appropriate Boxes)*

	Repair	Rehab	Upgrade	Replace	Expand
Well or Spring Box					
Storage					
Distribution (includes booster pumps)					
Treatment (including disinfection)					

b. Secure a New Water Source *(if acquiring water rights, contact the State Water Engineer, Water Resources Division, Department of Conservation and Natural Resources, at (775) 687-4380):*Check One Water Source: ☐ Ground ☐ Surface ☐ Ground Under Direct Surface Influence**c. Source Protection** *(if appropriate):*Check Project Type: ☐ Source Water Protection Measures
 ☐ Land Acquisition to Protect Source******* Attach a Map (8½" x 11" only) of the Service Area and the Location of the Project, if available.*********12. Population to be served (existing):** _____**13. Design population:** _____**14. Number of service connections:** _____**15. Median Household Income (MHI) for project area. MHI** _____ **Source** _____**16. For CWSRF Projects ONLY:****a. Existing flows from the existing plant or from the area to be served by a new plant (average daily flow – maximum month):** _____ **MGD****b. Design flow (average daily flow – max. month):** _____ **MGD****FOR CWSRF ONLY;****17. Estimated date to start project:****Step I (Facility Plan)** _____**Step II (Design)** _____**Step III (Construction)** _____**18. Estimated Project Costs (prepared by a professional engineer):**

Eligible Cost Category	Amount
a. Pre-Construction (includes planning and design)	_____
b. Construction (includes equipment, materials, and land)	_____
c. Administrative, Legal, and Financial (DWSRF ONLY)	_____

Total _____

Estimate Prepared by _____

19. Estimated loan amount required _____

20. Funding other than SRF: Source _____ Amt. _____

21. Describe the source of funding that you expect will repay the loan: _____

22. Estimated date funding required: _____

23. (Optional) You may provide any additional information you think necessary to establish the priority rank for the project. Attach an 8 ½ x 11 sheet and label it "Additional Information".

I certify that the information contained in this application is, to the best of my knowledge, true, accurate, and correct.

Authorized Signature: _____ Date: _____

Please print name and title: _____

Return to:

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